SOCIAL	SECURITY ADMINISTRAT	ION	TEL		FORM APPROVED OMB No. 0960-0145
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	CONTINUING E	MENT FOR DETERMINI LIGIBILITY FOR SUPP RITY INCOME PAYMEN	LEMENTAL	EI SSN	The Payage A
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		w are not correct, please cro	ss out	EST Broken Los	
the pa	rt that is wrong and wri	te in the correct information.		Spouse's SSN	
•				Check the Ones That Apply	y DO Code
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				□FS-APP □FS	REF
				Interviewer's Initials	Date Received
				AS SECTION OF	
WHEN	ANSWERING THESE	QUESTIONS, REFER TO	glebel ogenisk		
					16.5
1.	The Control of the Co	BOVE, have you moved to a	new address?		YES NO
	If "YES," please give				
	ADDRESS (Number, S	Street, City, State ZIP Code)	DAT	E YOU MOVED	
2.	SINCE THE DATE A	BOVE, have you spent a full	calendar month i	n a hospital nursing home	or
-		where you live? (Also, include			OI .
	days or more.)				→ TYES TN
	If "YES," please give	the following information:	(a) least ()	nyon yan at a	
(	NAME(S) OF PLACE(S) W		ADDRESS(ES) (Num	nber, Street, City State, ZIP Code)	
(	DATE(S) FIRST STAYED	(month/day/year)	DATE(S) LEFT (mon	th/day/year)	etako er anere
3.	SINCE THE DATE A	BOVE, has anyone moved in	nto or out of the place	ce where you live	assignment of
	(also, report births an	d deaths of people living with	1 you)?	5 (2) PSE 6 (11)	→ YES NO
	If "YES," please expl	lain in the REMARKS section	on pages 3 and 4	of this form.	
4.		BOVE, has anyone given you e place to live, or helped you			→ □YES □NO
	If YES, please give th	ne following information:	icase etapă		
	TYPE OF HELP	HOW OFTEN YOU RECEIVE	NT OF HELP		
	in figure Terretakin	A Transfer and the last	0.000		
5.	CINCE THE DATE A	BOVE, have you (or your spe	auga liuing with you	) carned	
5.		or do you expect to earn mor			
		COUNT earnings from self-emp		Alternative Country St.	YES NO
	If you have earned m	oney from working, please g	ive the following infe	ormation:	amount of Direction
	a. Amount(s) of Ear	ning for Past Months:			
	Name of Worker	Employ	er's	Gross Wages	Dates of
	Name of Worker	Name, Address, and	Phone Number	Amount How Often Paid	Employment
					From:
					То:
					To: From:

	Month	Month	Month	Month	Month	Month	Month	Si apitat
Amount	S	8	s	s			<b>S S S S S S S S S S</b>	
AIRAIN.	Month	Month	Worth		Month	Month 3		
Amount	S	- mvaner		•			\$	
SINCE D	ATE ON P	AGE 1, have employed in the following I	he current t	axable year?	100	en self-employe	aucusa in	➤ TYES □
			Last \	**	This Year's	s Estimated	Dates of Self-	<b>d</b>
	or Ser-	Income	Gross Income	Net Income (or Loss)	Gross Income	Net Income (or Loss)	Employment	
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	If YES, please give the following information	.ion:	4		ana.	w.
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	Do you (or your spouse living with you) or on a deed or mortgage of any land or but	wn any land or biding where <u>YOI</u>	uildings of does y U DO NOT LIVE?	our name appear	>  Qx	
	This includes inherited property, property name is on with other members of your factors.		ted States and/or s	uny property your		: د
	SINCE THE DATE ON PAGE 1, have yo in health insurance coverage or other ins DO NOT INCLUDE—Medicare or Medicare or	urance that pays	s for medical bilis?			
10	U LIVE IN <u>CALIFORNIA,</u> PLEASE DO N	OT ANSWER O	UESTION 12 BEL	ow.		
	a. Are you currently receiving food stam	p8?	1 / / 1	7/ 4/2	<b>→</b>   Ø	<b>:</b> 8∫J
	If YES, go on to question 13. If NO,	answer part to		fred /		
400	b. Have you filed a food stamp application received a decision?	n within the pas	at 60 days on which	n you have not	→ □v	ES 🗍
	If YES, go on to question 13. If NO.	answer part 'c.	1/			
	e. Do you want to apply for food stamp Go on to question 13.	13 -			<b>→</b> □	ES 🗍
	Please answer the following questions:					
4	a. Are you age 62 or older?		eta se e legist		<b>&gt;</b>   □ YI	ES 🔲
	b. If you are age 50 or older, are you a v	vidow(er)?	- 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12	3.31	<b>&gt;</b> □ <sup>Y</sup>	ES 🗌
	c. If you are age 50 or older and divorce	d, is your divorc	ed spouse deceas	ed?	> □v	ES 🗌
	d. If you were disabled before age 22, d	o you have a pa	rent who is age 62	or older,		
	or disabled, or deceased?			Z	<u>-&gt;</u>   ⊔	ES 🗌
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**KEEP THIS PAGE FOR YOUR RECORDS** SOCIAL SECURITY NUMBER NAME DATE \_ \_ \_ /\_ \_ /\_ SOCIAL SECURITY NUMBER NAME Telephone Number (include area code) to call Social Security Office you may visit in person or mail things to: if you have a question or something to report. The Social Security Administration is authorized to collect the information on this statement under 1611(c) **Paperwork** of the Social Security Act and regulations 20 CFR 416.204. While it is not mandatory except in the Reduction/ circumstances explained below, for you to furnish the information on this statement to Social Security, no **Privacy Act** benefits can continue unless a periodic review of eligibility is completed by a Social Security office. Your response is mandatory where the refusal to disclose certain information affecting your right to payment would reflect a fraudulent intent to secure payments not authorized by the Social Security Act. Notice The information on this statement is needed to enable Social Security to determine if you continue to be eligible for supplemental security income (SSR payments) Failure to provide all or part of the information could prevent an accurate and timely decision on your continuing eligibility for benefits. Although the information you furnish on this statement is almost never used for any other purpose than stated in the foregoing, there is a possibility that information may be disclosed to another person or to an agency as follows: 1. to enable a third party or an agency to assist Social Security in determining continuing eligibility to SSI payments; and 2. to comply with Federal law requiring the release of information from Social Security records (e.g., to the Department of Veterans Affairs) COMPUTER MATCHING—We may also use the information you give us when we match records by domputer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it. Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office. You Must The amount of your SSI check is based on the information you tell us. To continue getting the right payment amount, you must report certain changes that happen to you. Report Certain You must tell us about changes within 10 days after the month they happen. If you do not report Changes changes, we may have to take as much as \$25, \$50, or \$100 out of future checks you receive. You must also report changes in income for your ineligible spouse or children who live with you, or your sponsor or sponsor's spouse if you are an alien. You must also report if any of these people buy or sell anything of value. Remember, changes could make your check bigger or smaller. A List of Most of the Changes You Must Report Is On The Next Page. How To There are several ways you can report changes: Report Call us, toll free, at 1-800-772-1213. Changes Call your local Social Security Office at the number above. By mail or in person - see the address above. If you would like to work or if you are already working and would like to earn more, you should know Are You Working about SSI rules known as work incentives. These rules can help you keep your Medicaid and help you keep getting some SSI even though you are working. or Would You Like If you want to know more about these rules, call us, toll free, at 1-800-772-1213 or write or visit any to Work Social Security office. If you call or visit, ask to speak to someone about work incentives.

Form SSA-8202-F6 (3-98)

PAGE 5

CHANGES T	O REPORT
WHERE YOU LIVE — You must report to Social Securi	ity if:
You move.  You (or your spouse) leave your household for a calendar month or longer. For example, you enter a hospital or visit a relative.	<ul> <li>You leave the United States for 30 days or more.</li> <li>You enter a jail, prison, or other penal institution.</li> <li>You are released from a hospital, nursing home, etc.</li> <li>You are no longer a legal resident of the United States</li> </ul>
√ HOW YOU LIVE — You must report to Social Security	If:
<ul> <li>If someone moves into or out of your household.</li> <li>If the amount of money you pay toward household expenses changes.</li> <li>Births and deaths of any people with whom you live.</li> </ul>	<ul> <li>Changes in your marital status:</li> <li>You get married, separated, divorced, or your marriage is annulled.</li> <li>You separate from your spouse or start living together again after a separation.</li> <li>You begin living with someone as husband and wife.</li> </ul>
INCOME — You must report to Social Security if:  The amount of money (or checks or any other type of payment) you receive from someone or someplace goes up or down or you start to receive money (or checks or any other type of payment).	You start work or stop work.  Your earnings go up or down.
HELP YOU GET FROM OTHERS — You must report to     The amount of help (money, food, clothing, or payment of household expenses) you receive goes up or down.	Social Security If:  Someone stops helping you.  Someone starts helping you.
THINGS OF VALUE THAT YOU OWN — You must report the value of your resources goes over \$2,000 when you add them all together (\$3,000 if you are married and live with your spouse).	You sell or give any things of value away.      You buy or are given anything of value.
YOU ARE BLIND OR DISABLED — You must report to	Social Security if:
Your condition improves or your doctor says you can return to work.	<ul> <li>You stop going to or refuse any vocational rehabilitation services.</li> </ul>
You go to work.	<ul> <li>You stop going to or refuse treatment for drug addiction or alcoholism.</li> </ul>
YOU ARE UNMARRIED AND UNDER AGE 22 — You me You are under age 18 and live with your parent(s), ask your parents to report if they have a change in income, a change in their marriage, a change in the value of anything they own, or either has a change in residence.  You start or stop school.	<ul> <li>You get married.</li> <li>There are changes in the income, school attendance (i between the ages of 18 and 21), or marital status of ineligible children who live in your household.</li> </ul>
YOUR IMMIGRATION AND NATURALIZATION SERVIC changes to Social Security.	E (INS) STATUS CHANGES — You must report any
YOU ARE A REPRESENTATIVE PAYEE — You must re     The person for whom you receive SSI checks has any do not report changes that could affect the SSI recipie     You will no longer be able or no longer wish to act as the state of the st	of the changes listed above. (You may be held liable if you ent's payment amount, and he/she is overpaid.)
Form <b>SSA-8202-F6</b> (3-98) *U.S. Government Printin	g Office: 1998 - 433-335/80237